

	Sutter Health Plus \$20 Copay HMO	Sutter Health Plus \$1500 Deductible	Sutter Health Plus Vista \$2500 Deductible	Kaiser \$25 Copay	Kaiser \$1500 Deductible	Kaiser DHMO w/WSA	Blue Shield \$100 Deductible PPO	
SERVICES	In Network	In Network	In Network	In Network	In Network	In Network	In Network	Out of Network
<b>Annual Deductible</b>								
For one person	None	\$1,500	\$2,500	None	\$1,500	\$3,000	\$100 <sup>(a)</sup>	\$100 <sup>(a)</sup>
Any one member in a family		\$1,500	\$2,700 <sup>(f)</sup>					
For your family	None	\$3,000	\$5,000	None	\$3,000	\$6,000	\$200 <sup>(a)</sup>	\$200 <sup>(a)</sup>
<b>Out-of-Pocket Maximum</b>								
For one person	\$1,500	\$4,000	\$4,000	\$1,500	\$4,000	\$5,950	\$2,100 <sup>(a)</sup>	\$2,100 <sup>(a)</sup>
Any one member in a family		\$4,000	\$4,000					
For your family	\$3,000	\$8,000	\$8,000	\$3,000	\$8,000	\$11,900	\$4,200 <sup>(a)</sup>	\$4,200 <sup>(a)</sup>
<b>Doctor's Office Visits</b>								
Primary Care (PCP)	\$20 copay	\$20 copay	20%*	\$25 copay	\$40 copay	30%*	\$25 copay	30%*
Specialists	\$20 copay	\$20 copay	20%*	\$25 copay	\$40 copay	30%*	\$25 copay	30%*
<b>X-rays, lab work, etc.</b>		\$10 per procedure						
During an office visit	No charge if at an in-network facility	MRI, CT, PET \$50 per visit	20%*	No Charge	\$10 copay*	30%*	\$25 copay	30%*
At an outside facility	No charge if at an in-network facility	\$10 per visit MRI, CT, PET \$50 per visit	20%*	No Charge	\$10 copay*	30%*	10%*	30%*
<b>Preventive Care</b>	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	Not Covered
<b>Hospital Care Services</b>								
Inpatient	\$100 per admission copay	30%*	20%*	\$100 admission copay	30%*	30%*	10%*; additional \$100 admission	30%* <sup>(b)</sup>
Outpatient	\$100 per visit	30%*	20%*	\$100 surgery copay	30%*	30%*	10%*; additional \$100 surgery	30%* <sup>(c)</sup>
<b>Emergency Care</b>								
Emergency Room	\$100 copay	30%*	20%*	\$100 copay	30%*	30%*	\$100 copay	\$100 copay
Ambulance	\$50 per trip	No charge*	No charge*	No Charge	\$150 copay*	30%*	10%*	10%*
<b>Prescription Drugs</b>								
Retail	<b>(30 day supply)</b> \$10/\$30/\$60/20% maximum \$100/rx	<b>(30 day supply)</b> \$10/\$30/\$60/30% maximum \$100/rx	<b>(30 day supply)*</b> \$10/\$30/\$60/20% maximum \$100/rx	<b>(30 day supply)</b> \$10 generic \$25 brand	<b>(30 day supply)</b> \$10 generic \$30 brand	<b>(30 day supply)</b> \$10 generic* \$30 brand*	<b>(30 day supply)</b> \$10 generic (Tier 1) \$25 brand (Tier 2) \$40 non-formulary (Tier 3) 10% (up to \$100) non-formulary (Tier 4)	<b>(30 day supply)</b> 25%+\$10 generic (Tier1) 25%+\$25 brand (Tier 2) <sup>(d)</sup> 25%+\$40 non-formulary (Tier 3) 10% (up to \$100) + additional 25% non-formulary (Tier 4)
Mail Order	<b>(100 day Supply)</b> \$20/\$60/\$120 <sup>(e)</sup>	<b>(100 day supply)</b> \$20/\$60/\$120 <sup>(e)</sup>	<b>(100 day supply)*</b> \$20/\$60/\$120 <sup>(e)</sup>	<b>(100 day supply)</b> \$20 generic \$50 brand	<b>(100 day supply)</b> \$20 generic \$60 brand	<b>(100 day supply)</b> \$20 generic* \$60 brand*	<b>(90 day supply)</b> \$20 generic (Tier 1) \$50 brand (Tier 2) \$80 non-formulary (Tier 3) 10% (up to \$200) non-formulary (Tier 4)	<b>Not Covered</b>
<b>Mental Health Services</b>								
Inpatient Hospital	\$100 per admission copay	30%*	20%*	\$100 per admission copay	30%*	30%*	10%*; additional \$100 admission	30%* <sup>(b)</sup>
Outpatient OV individual	\$20 per visit	\$20 per visit	20%*	\$25 per visit	\$40 per visit	30%*	\$25 per visit	30%* <sup>(b)</sup>
Outpatient OV Group	\$10 per visit	\$10 per visit	20%*	\$12 per visit	\$20 per visit	30%*	N/A	N/A
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

\*After deductible is paid.

(a) Combined for all providers.

(b) Maximum allowable per day benefit of \$600. Members are responsible for amounts over the allowable amount.

(c) Maximum allowable per day benefit of \$350. Members are responsible for amounts over the allowable amount.

(d) Separate \$250 deductible applies for brand prescriptions.

(e) Not all Tier 4 prescriptions are eligible for mail order. Tier 4 mail order prescriptions have a 30 day supply limit.

(f) The IRS minimum amount for "any one member in a family" is \$2,700. The remaining family members would only need to meet \$2,300 to satisfy the total family deductible.

The information in this Comparison presents an overview of certain medical benefit plan services and is intended for informational purposes only. If there is a difference between the overview and the official Plan Document, the Plan Document (which may include underlying contracts) will govern. Please consult the Plan Document for additional information which is located on the City's Human Resources website: <http://www.sjcity.net/index.aspx?NID+238>.

Benefit Plans contained in this Comparison may not be available to all employees; employees are eligible for benefits according to their classification and their Bargaining Unit Memorandum of Agreement.